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**MONTANA**

**HEALTH SYSTEMS  
AGENCY**

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**17239**

**OUR FOURTH ANNUAL REPORT  
AN ADDED DIMENSION**

**AUGUST 1, 1980**



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17239  
QUADRILLION  
BTUS

THAT'S ALL THERE IS IN THE U.S.A.

AND

WE AIN'T GONNA GAIN NO MORE



Ralph Gildroy  
Executive Director

324 Fuller Avenue • Helena, Montana 59601 • (406) 443-5965

## ANNUAL REPORT

August, 1979 to August, 1980

### A COUPLET

And why is a Health Systems Agency so engrossed with the specter of energy that it makes of its annual report a couplet, with the first episode dedicated to the manifestation of energy as the very essence of health?

Because,

health and energy are so intertwined, so inseparable, that the now rapidly escalating dervish of energy costs and problems of supply will have the most awesome and traumatic effects that are to be experienced by the health systems for generations to come.

health is the tweedledum

—

energy is the tweedledee

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From the health aspect, Montana will suffer both prongs of the energy crunch.

**Prong #1**

Energy supply cessation or drastic curtailment creates a dilemma:  
for hospitals and other health facilities,  
for patients getting to and from hospitals,  
for families and friends getting to a regional center,  
for employees getting to health facilities,  
for those needing more medical care because of energy shortages,  
for procurement of plastic, disposable medical supplies.

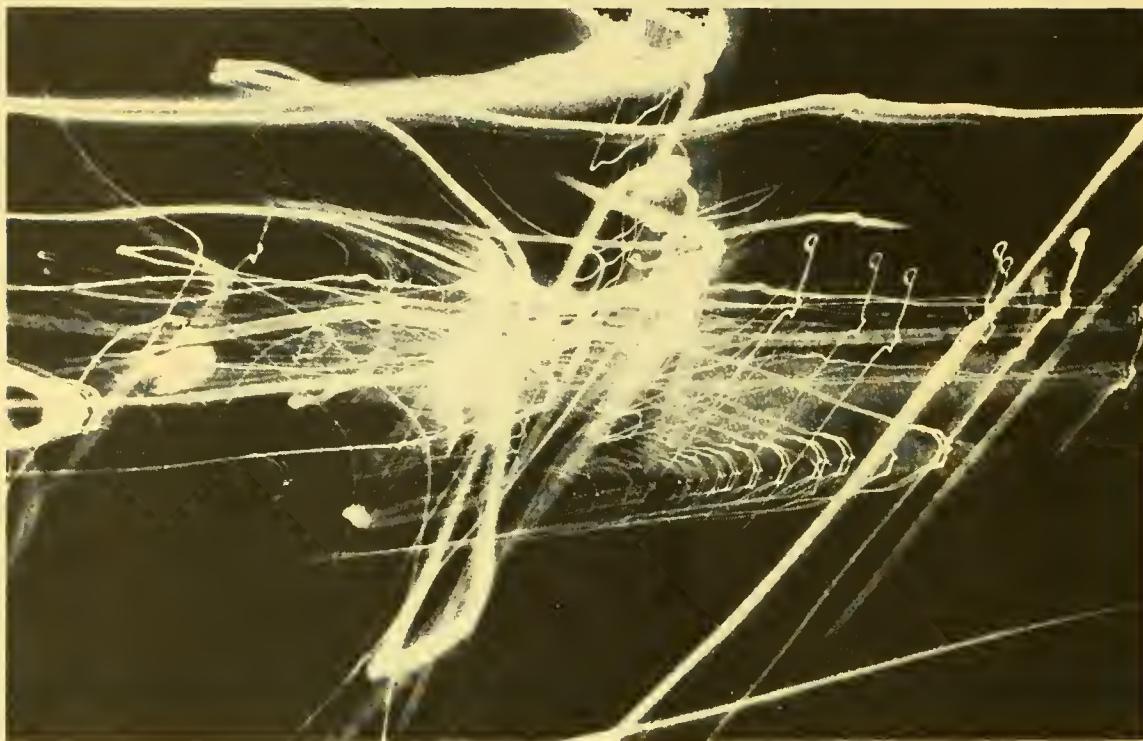
Energy's burgeoning costs:

negate the voluntary cost containment efforts,  
eliminate marginal, but needed, facilities,  
pose serious problems for orderlies, nurses aides and other semi-skilled labor who can't afford to drive,  
reverse regionalization and strengthen the local,  
shift the focus from technology to basic energy needs,  
replace the costs of medical care.

**Prong #2**

Boom Town aspects of energy supply impacts.  
Environmental effects of mining, synthesis, and conversion.

# WHAT IS A BTU ???



Daily the media feeds us an energy mishmash of millions of gallons, millions of barrels, millions of tons, millions of watts, trillions of cubic feet, quadrillions of BTUs of gas, of oil, of shale, of coal, of electricity, of sun.

It's impossible to make real sense out of this wild array of generally unknown equivalents.

Let's translate the mishmash into BTUs (British thermal units) as a basis of common understanding:

Everyone can relate to the fact that:

one match is	— 1 BTU
one mile bike ride is	— 100 BTUs
one mile walk is	— 500 BTUs
one mile car ride is	— 6250 BTUs
one thousand cubic feet of natural gas is	— 1 million BTUs
one barrel of oil is	— 6.3 million BTUs
one ton of coal is	— 20 million BTUs

Now we can translate all of our known reserves of energy in the United States into

17239

QUADRILLION (QUADS)

BTUs

17,239 is a number to which we can relate.

Of these 17,239 quads of nonrenewable energy  
11,037 are coal  
5,800 are oil shale  
402 are all the others

Our current annual energy usage is  
76 QUADS  
of these remaining 17,239.

## IF

we maintain zero population growth,  
we maintain a zero immigration level,  
we maintain a 76 quads annual level of consumption,  
we export none of our energy reserves,  
we can last 226 years to the year 2206 A.D.  
as a major world power —  
rather than as a colony

## HOWEVER,

Our nation's demand for energy has been increasing 2 to 3½ % per year for two decades.

Assuming a 3% increase (exponential) per year over our present annual 76 quads of energy, we shall be consuming —

152 quads per year by 2003 A.D.

304 quads per year by 2026 A.D.

AND

we shall have consumed all of our nonrenewable energy resources by the year 2047

Oh, we ain't gonna gain no more, no more

We ain't gonna gain no more

Each BTU

Is an IOU

We ain't gonna gain no more

Obviously, our time is short.

Since coal and oil shale comprise 97.6% of this nation's energy reserves, and —  
since the Persian Gulf comprises a chimera,  
then, coal and oil shale must be developed  
posthaste.

50% of the nation's coal is in Region VIII.

25% of the nation's coal is in Montana.

Montana has 34% of the nation's surface mineable coal  
and that will be the first mined.

Montana coal is low sulfur and best suited for hydrogenation  
and liquefaction.

It doesn't require a Ph.D. to realize that there will be  
abundant action in Montana.



OLD KING COAL

To project the extent of activity in the industry of the recrowned King Coal —

0.75 billion

The U.S. is presently consuming 750 million tons per year.

1.25 billion

The U.S. electrical generating capacity this year is 540,000 megawatts. By the year 2000 we shall need 1,080,000 megawatts. That means 500 new coal-fired generating stations for an additional one billion 250 million tons per year.

1.00 billion

Conversion to coal of existing generating stations will require an additional one billion tons per year.

0.25 billion

Coal synthesized to produce 7½% of our present oil consumption, or 1,500,000 barrels per day, will require an additional 250 million tons per year.

0.75 billion

Coal replacement of existing and projected nuclear power will require an additional 750 million tons per year.

4.00 billion

tons per year by the year 2000 TOTAL

## A National Hypothesis

The nation needs —

four billion tons of coal per year

by the year 2000

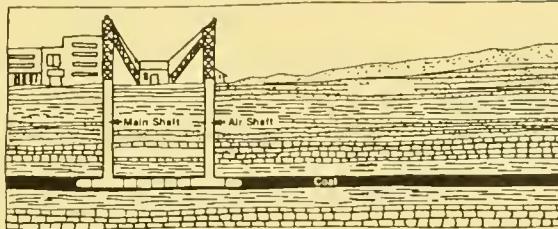
The nation must —

stabilize and maintain its BTU consumption at

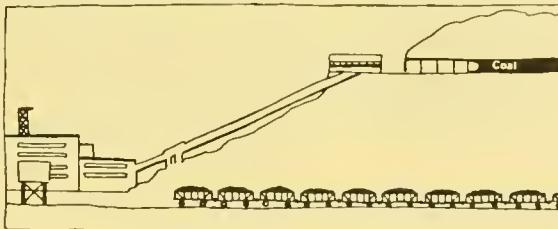
150 quads or less per year by the year 2000

### Underground and Surface Mining Illustrations

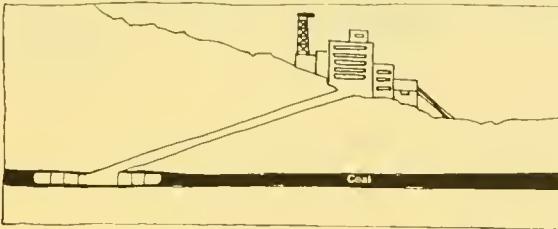
Shaft Mine



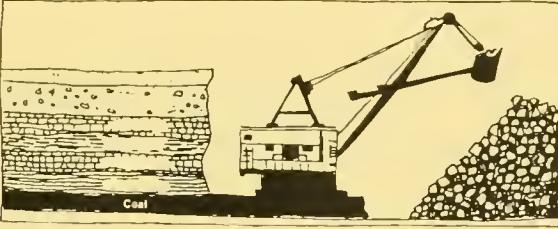
Drift Mine



Slope Mine



Surface Mine



## The Montana Situation

Montana comprises an area of 147,138 square miles

Montana has:

a population of 785,500

25% (108 billion tons) of the nation's coal

34% (43 billion tons) of the nation's surface mineable coal

low sulfur coal

coal best suited for hydrogenation/liquefaction

a 30% coal severance tax

## A National Empirical Consequence

The nation, by the year 2000, will:

- maintain zero population growth
- establish zero immigration level
- export none of our energy reserves

- sustain a 150 quads, or less, annual level of BTU consumption

- have a one hundred years supply of nonrenewable energy

- remain for at least a century a major world power rather than a colony

## The Montana Empirical Consequence

Montana, by the year 1990, will:

- mine at least one billion tons of coal per year

- surface mine forty-four square miles per year if all mined in Southeastern Montana

- or surface mine sixty-three square miles per year if all mined in Northeastern Montana

- exhaust all surface mineable coal by the year 2039

- ship interstate thirty-six unit trains (seventy-two going and coming) per day, 130 million tons per year

- block rail crossings for six hours per day

- convert or synthesize 870 million tons per year



POSTULATING THE PERSISTENCE AND PREVALENCE OF THE PERSIAN CHIMERA,  
THE FOLLOWING IS A CONSERVATIVE SCENARIO FOR  
MONTANA —

for the year — 1990

and years ensuing to the year — 2039

**TOTAL ANNUAL SURFACE-MINED PRODUCTION — 1 BILLION TONS**

700 million tons in Southeastern Montana

30.8 square miles per year

cost of reclamation per year — \$236,544,000.00

300 million tons in Northeastern Montana

18.9 square miles per year

cost of reclamation per year — \$145,152,000.00

total area mined per year — 49.7 square miles

total cost of reclamation per year — \$381,696,000.00

Population due to coal production

operational crews — 40,000

{ secondary employment  
family factor — 120,000

TOTAL 160,000

**SYNTHESIS**

Ninety plants synthesizing 750 million tons of coal per year

producing 4½ million barrels synfuel per day

total water requirements — 1 million acre feet per year

total land requirements — 333 square miles

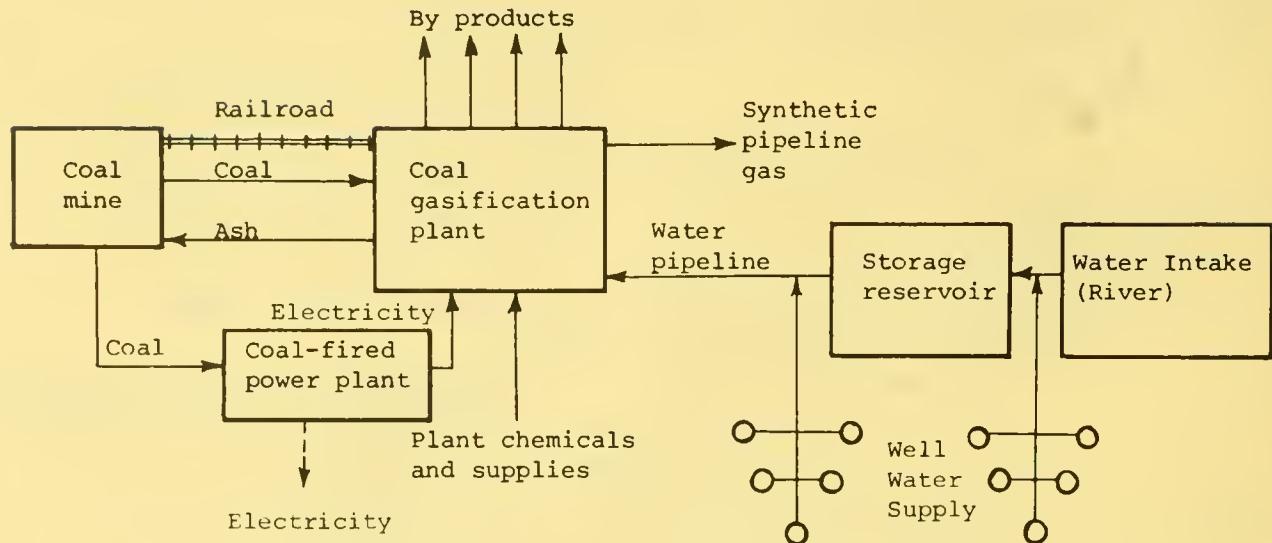
Population due to synthetic production

operational crews — 90,000

{ secondary employment  
family factor — 360,000

TOTAL 450,000

## MAJOR COMPONENTS OF A COAL GASIFICATION COMPLEX



## CONVERSION

Thirty-four 1000 megawatt plants

consuming 120 million tons of coal per year

total water requirements — 548,855 acre feet per year

total land requirements — 26.5 square miles

Population due to conversion

operational crews	—	6,800	
secondary employment	—		
family factor	—	20,400	
TOTAL			27,200

### Schedule of Activities, 1000 Megawatt

#### Coal-Fired Power Plant

ACTIVITY	YEAR	1	2	3	4	5	6	7	GAP	36	37	38	39
Planning		●											
Access Roads			●	●									
Surveying			●	●									
Land Clearing			●	●									
Lay Down Areas			●	●									
Utilities			●	●									
Excavation				●	●								
Foundations				●		●							
Superstructures				●			●						
Install Heavy Equipment				●				●					
Cooling System				●				●					
Transmission Lines				●				●					
Plumbing, Wiring, Etc.					●			●					
Commissioning						●		●					
Operation							●						
Dismantling									●				
Site Restoration										●			

## RAIL COMPONENT

Shipping 130 million tons per year

36 unit trains per day — 361 days per year  
36 empty trains per day — 361 days per year  
ties up rail crossings — six hours per day

Population due to rail component

operational crews	—	5,200
secondary employment	—	<u>15,600</u>
family factor		
	TOTAL	20,800

## TOTAL FOR SURFACE-MINEABLE COAL PHASE — YEARS 1990-2039

(dollar amounts in 1990 dollars)

Population increases applicable to:

surface mining operation	—	160,000
synfuels operation	—	450,000
conversion plants operation	—	27,200
rail component operation	—	20,800
reclamation operation	—	<u>800</u>
	TOTAL	658,800

Investments by industry —

(dollar amounts in 1990 dollars)

surface mining	—	\$ 16,666,000,000.00
synfuels	—	225,000,000,000.00
conversion plants	—	68,000,000,000.00
reclamation (1990-2039)	—	<u>19,084,800,000.00</u>
	TOTAL	\$ 328,750,800,000.00

Land affected —

synfuels plants	—	333 square miles
conversion plants	—	26.5 square miles
total land area reclaimed	—	<u>2,485 square miles</u>
	TOTAL	2,844.5 square miles

Water requirements per year —

synfuels plants	—	1,000,000 acre feet
conversion plants	—	<u>548,855 acre feet</u>
	TOTAL	1,548,855 acre feet

To temper judgments concerning availability of water for pipeline (slurry) transmission of coal, the following projection is of considerable interest —

#### United States Water Consumption

Year	Water Supply
1970	60% surplus
2000	no surplus
2020	30% deficit

#### Public Service Costs

operations and maintenance

capital investments

debt service on capital investments

which may be attributed to the year 1990 projected population increases include:

Annual state and local operating expenses for:

health systems

education

police

fire protection

local streets and roads

administration of government

acquisition of land for public use

water systems

sewage and storm drainage systems

solid waste

recreation facilities

Capital investments

1990 capital investments for the above, based on projected population increase of 658,800

Debt service for capital investments

there is a need to cover costs of expanding public services before the availability of tax revenues to pay for them.

Amount required per annum in 1990 for these public service costs — \$9,380,000,000.00

At the 1 billion ton per year pace, surface mining will be exhausted by 2039. To commence the underground mining phase by that date, the following applies to the construction and operational effects.

#### Years 2034-2039

The establishment of 100 underground coal mines each with annual production of 10 million tons.

##### **Construction Phase Population**

construction crews	— 50,000
{secondary employment	— 150,000
{family factor	
TOTAL	— 200,000

#### Years 2039-2097

##### **Operational Phase Population**

(1 billion tons per year)

underground operational	— 217,391
surface crew operational	— 23,100
{secondary employment	— 721,473
{family factor	

TOTAL applicable to underground operations — 961,964

In the year 2039 this underground phase represents a population increase of 801,964 beyond the 1990 population increase due to surface mining. All synthesis and conversion operations and the rail component will be ongoing during years 2039-2097.

Investment by industry in 2034 A.D. — \$44,117,700,000.00  
(1990 dollars)

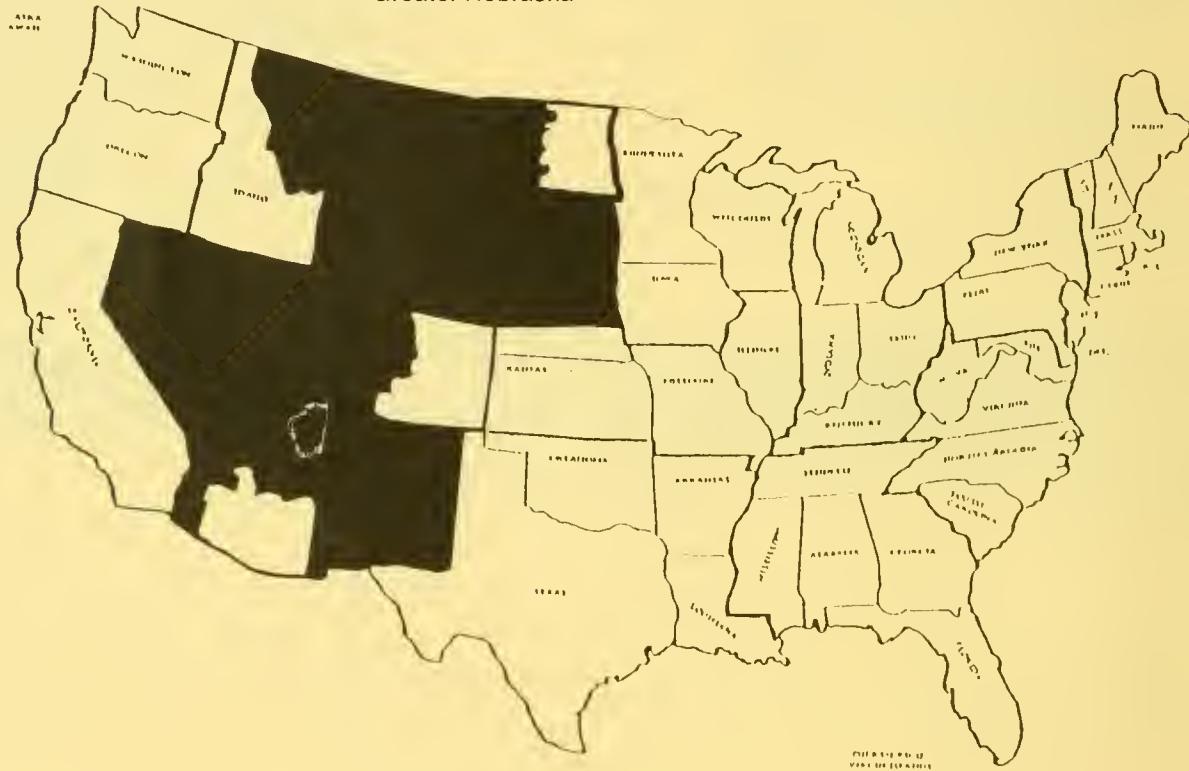
For a resource intensive state like Montana, it is obvious that the ramifications of such developments are colossal. The lead time required to adequately prepare for the provision of the human services component should be measured in years, not months or weeks. The success of these developments, the maximization of efficiencies, the mitigation of the impacts, depends on the adequacy of the provisions of those human services. In the judgments of both the members of the affected communities and the professional planners and providers of those services, the health systems are a paramount element in the human services component.

It was due to the experience and foreknowledge of some concerned Health Systems Agency Executive Directors that a consortium was formed for the purpose of gaining some of the above described lead time in order to mitigate, to whatever extent possible, the anticipated impacts of energy developments. In its initial formation it was named Forewarning Device for Energy Development (F.W.D.E.D.). Because of the bulk of the name and the acronym, it was decided in July to change the name to ICE (Intermountain Consortium for Energy).

#### F.W.D.E.D.

##### STATES REPRESENTED BY HEALTH SYSTEMS AGENCIES COVERING:

Montana, Nevada, New Mexico, Utah, Wyoming, Northern Arizona, Western Colorado, Western North Dakota, the Navajo Nation, South Dakota and Greater Nebraska



HSA Executive Directors forming the consortium are from Montana, Wyoming, South Dakota, Utah, New Mexico, Nevada, Western North Dakota, Western Colorado, Northern Arizona, Greater Nebraska and the Navajo Reservation. The Montana HSA Executive Director has served as chairman since its formation in September, 1979. Staff support has been provided by Hilary H. Connor, M.D., Regional Health Administrator, Region VIII, and Mr. Joe Hafey, Director, Western Center for Health Planning. The Western Center has also included Energy Boom Towns in its work program for the coming fiscal year.

Presentations have been made to the National Council on Health Planning and Development, during the American Health Planning Association's Annual Meeting, the International Symposium on the Human Side of Energy, the National Conference on Health Planning and Rural Development, task forces and committees of the Denver Regional Office, and included a cosponsorship with the Bureau of

Health Facilities, the National Alliance for Contingency Planning for Health Resources, and the Western Center for Health Planning of a Conference on Energy and Health.

The message being delivered is that in the six states of Region VIII, the preexisting health-related problems experienced by communities include:

- local availability of physicians is less than 50%
- 1/3 of communities are over 15 miles from primary care
  - only 1/3 of communities have hospitals and only half of those are within 15 miles
  - 50% of communities operate without hospital or emergency rescue operations
- mental health, social and civic programs lack support
  - 2/3 of communities are over 15 miles from mental health services
  - only 22% of communities have limited services available locally
  - the resources available to communities to deal with these problems are limited. Their mean total budgets are only 1.15 million dollars.

Impacted communities suffer from a multitude of problems which compete for scarce dollars. Some of the problems evident for impacted areas are:

- there is a lack of involvement and forewarning of health systems agencies for purposes of short and long range health planning
- there is overcrowding of services (especially medical)
- rents are higher and so are costs of basic necessities
- senior citizens are at a disadvantage in the competition for housing
- there is relative deprivation (the actual achievement of established locals compares unfavorably with achievement of others)
- the infrastructure capacity of rural towns and counties is minimal
- there is a lack of commitment by local governments to policies of growth management
- the lag time between the time when funds are needed to provide public facilities and services and the time when local tax revenues become available is three to five years
- the tax yield relative to the service demand of temporary workers is highly unfavorable to local governments
- there is no intergovernmental, areawide tax sharing in energy impacted communities and counties
- there is a lack of impacted communities' capacity to analyze fiscal impacts of anticipated growth
- there is a marked local inflation
- the sparsity of population density is as low as less than one person per square mile
- the impacted communities are the sociological reverse of the declining stable communities they replace
- there is a loss of the controlled, relaxed, rural-service-town atmosphere
- the town becomes bigger, more urbanized, more impersonal, more expensive
- the recreation and tourist hubs decline as they lose their "old west" flavor

To really understand and accurately forecast impacts on society in energy development communities requires comparative studies of these communities over a period of time.

Rapid growth of relatively small towns entails extensive support from external planning agencies. Every effort should be made to forestall the creation of unhealthy communities, lacking even the most basic human services. Health systems agencies have primary responsibility for assuring accessibility to least costly, high quality medical care services. Health systems agencies are also mandated to address factors affecting the total health of their communities. The health of a boom town's residents would be affected by the inadequacy of its entire infrastructure — i.e., its roads, its housing, its water supply, its waste removal system, its school, and its health services. The need for health systems agency involvement in energy impacted areas throughout the western region is obvious. The problem is the lack of an intelligence system to track developments in the energy industry. An early warning system would allow more lead time to develop innovative approaches to the provision of medical services in these remote areas. It would also provide time for the cooperative venture required with other organizations.

Health systems agencies lack the resources required to establish an information network with the myriad of organizations, both private and federal, that affect the decisions concerning where and when new energy projects will be undertaken. An even more time consuming effort is required to establish liaison with corporate leaders who are planning, or need to plan, for their employees' and employee

families' infrastructure requirements. The design of a medical care system for remote areas entails a thorough understanding of the state-of-the-art, including such areas as funding mechanisms, health care professionals' incentives and innovative approaches successfully applied in other areas.

Basic human services must be provided and the total health of the communities considered. To tactically plan we must be able to monitor the energy industry. Innovation, communications and cooperation are keys to this planning. Their initiation should be commenced at the earliest possible date.

The preceding concerns are reflected in the following objectives:

- identify energy impacted areas prior to their development
- share information about potential energy developments
- identify health service implementation strategies applicable to remote communities
- share information about implementation strategies
- share resources required to collect information
- plan for interagency, interstate, intraregional delivery of secondary and tertiary care services related to energy development, and
- promote health systems agencies as resources for local, state and federal government and for business and labor groups

Of all the human services, health should have a lead role in any comprehensive, umbrella arrangement for the planning for and the implementation of those services. All of the services are supportive of the health services. Factors of nutrition, housing, water supplies, sanitation, solid waste disposal, sewage, air quality, transportation, police and fire protection, recreation and education, all make up the composite, health, physical and mental health.

As to some specifics pertinent to a human services approach to cope with the effects of energy developments, one alternative would be a demonstration project for a rural county with a newly formed community of 4,000 persons two hours distant from the nearest health care service:

- define the limited service catchment area
- establish the area as a health care district
- apply for a severance tax, interest free, 20 year loan of \$1,750,000.00 for the construction of a human services center to include:
  - 15-bed short stay hospital
  - two-physician clinic
  - central administrative office
  - welfare office
  - community mental health satellite office
  - human resource development office
    - hire two physicians at \$75,000.00 per annum per physician
    - man the hospital and clinic
    - contract for major medical referrals

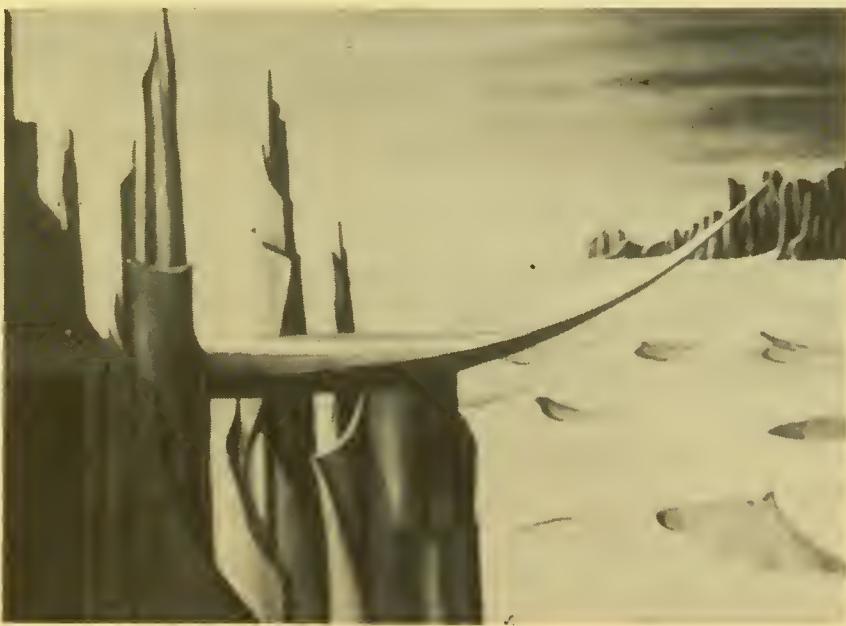
Estimating 12.1 percent reimbursement from combined Medicare and Medicaid, this self-contained health care system could be accomplished for approximately \$232.00 per annum per capita.

In short, initiate action, review and revise semi-annually. Four thousand (4,000) population is selected because that is the minimum feasibility for support of two physicians. It is not feasible to place a single physician in a rural setting. Physician salary is high to attract and retain. The severance tax could be justified as a source for grant, but a loan is requested so that the project is totally community supported. This would establish a revolving fund for replication of the project in other impacted communities.



Beneath those gently rolling plains of Eastern Montana and the foothills and mountains of South Central Montana is reposed twenty-five percent of this nation's mainstay and lifeblood, coal. Once removed, there is no transfusion. Once transformed, it will take a synergistic effort and an amalgamation of all the skills and resources of those plastic surgeons of nature, the reclaimers, to fashion a state.

The purpose of this first episode of our couplet was to focus on a scenario that is inevitable and a time frame which is probable. Within that scenario human services delivery in general, and the health services delivery in specific, is of prime concern to the Montana Health Systems Agency.



Building a bridge from the future to the present is in the province of planners. That's the reason for consideration of the year 1990. Without some forewarning, we either plan for the contingency or, we discard all possibility of strategic planning and will settle for a very short range tactical plan.

For the present, let's consider the present and the past twelve months of the Montana Health Systems Agency from August, 1979 to August, 1980.

## SECOND EPISODE OF THE COUPLET

Considering the probable effects of the worsening energy situation, as demonstrated in the first episode, the response of this second episode will echo those effects, and, without doubt, reflect a multitude of side effects.

Hospitals are already feeling the crunch of rising energy costs and consumption. In the past eleven years they have doubled their consumption of energy and the costs of that energy rose 68 percent. Even with no major upheavals in the energy syndrome, the hospitals' energy consumption will double again by 1988 and the cost will triple, constituting a 600 percent increase. This will have a profound effect on operating budgets.

With the fuel limitations, fuel costs, and rationing of basic household expenditures presenting increasing barriers to visitations, there will be increased emphasis on local health services and modifications of the delivery systems.

For the many uncertainties as are projected due to energy shortfalls, there are probably as many experienced directly by health systems agencies (HSAs) throughout the nation. With the announcement last January of proposed drastic HSA budget cuts there came a whirlwind of HSA consternation as to the implications for getting the job done; as to the reasons for loss in credibility of the health planning efforts and achievements; as to the rationale for not giving the program a chance.

Given the number of road blocks, the gray areas, the hurdles, the obfuscations, the equivocalities intrinsic in the health planning law and the program, it is miraculous that most health systems agencies have achieved their present level of development. Given some additional time, added support for the additional duties and requirements, and some uniform, well-founded guidance based on the experiences aggregated over the past four years, some very real advances may be made in enhancement of the health systems.

The Montana Health Systems Agency (MHSA) in the past year has posed some very serious questions and expressed lingering doubts about its involvement in that portion of its review process referred to as Certificate of Need. This review saps a great deal of HSA energy, it is a large drain on volunteer time, staff time and its budget, and all for the questionable privilege of making a recommendation to a final review authority. In short, the Health Systems Agency expends all the effort, all the money, takes all the guff, all the lumps, all the blame, all for the opportunity of recommending to an authority which can reverse with a wink and a nod. It is felt that the Health Systems Agency should either have a firm role in the process or be separated from the process. This possibility was explored but the word from the Regional Office was that no such exception could be granted, that such a move would require a change in the law.

In reviews of Proposed Uses of Federal Funds (PUFF), the HSA, with its approval/disapproval authority, senses that it has a far more meaningful role. The review bodies have the opportunity to examine federal projects and programs in Montana for the purpose of minimizing duplication, maximizing delivery of the product to the targeted persons and areas, and, with programs that are continuing, make certain that goals and objectives are being accomplished.

There has been an increase in our interests, efforts and desires to involve more closely with Native Americans in Montana, in particular in health planning. It is hoped that their plans can be formatted for compatibility with the Health Systems Plan so that we will have a good analysis of their health status and needs.

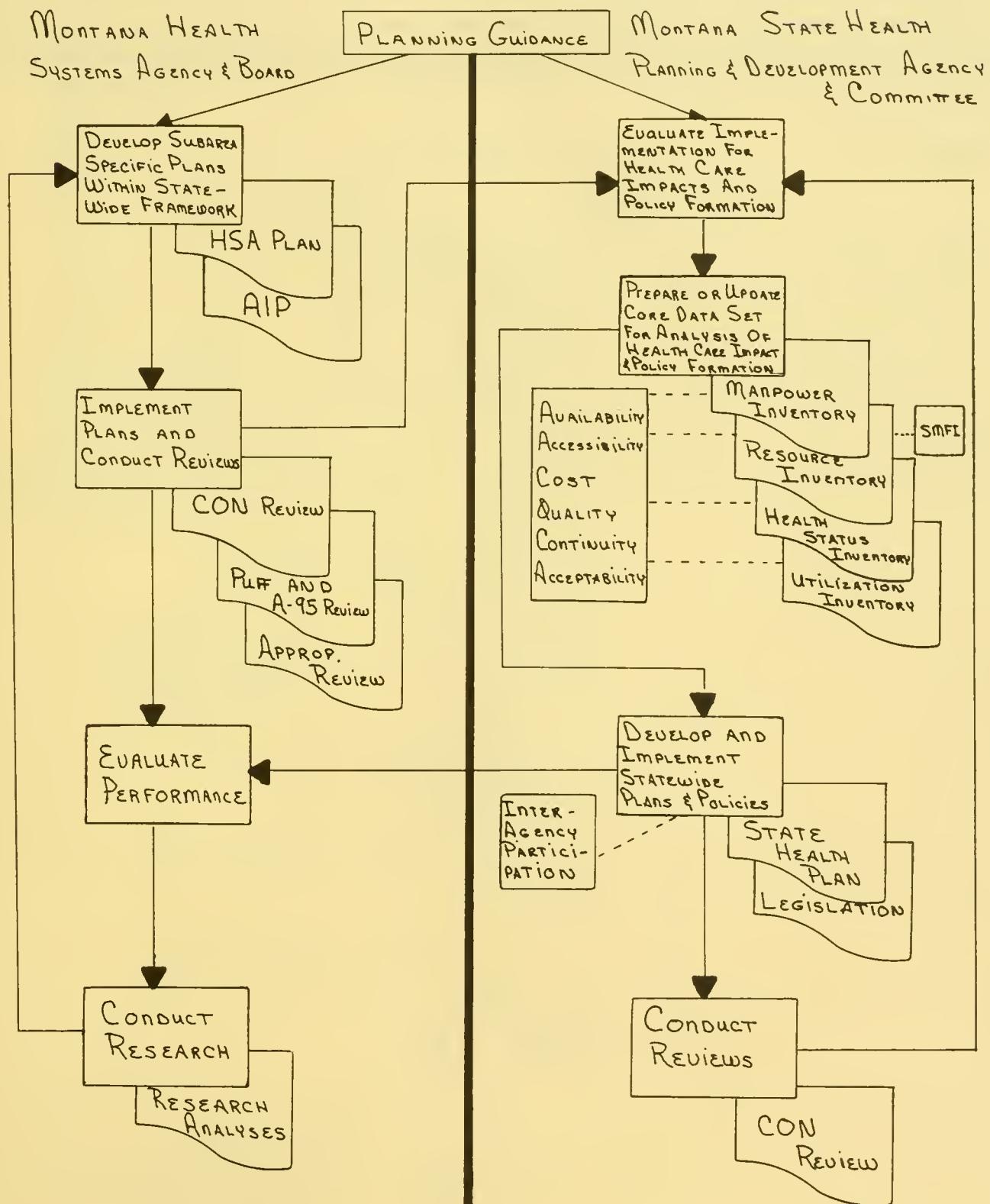
### Planning

Plan Development efforts have experienced some success, plenty of controversy, and a great deal of anticipation during the past year.

A Planning Guidance document was negotiated and accepted by the Statewide Health Coordinating Council and the Department of Health and Environmental Sciences. The document delineates responsibilities, establishes format and content, and provides schedules of completion for the HSA and the

SHPDA. It will preclude duplication of effort between agencies and provide a basic framework for cooperative and meaningful planning in the future.

# COORDINATED SHCC HEALTH PLANNING PROCESS

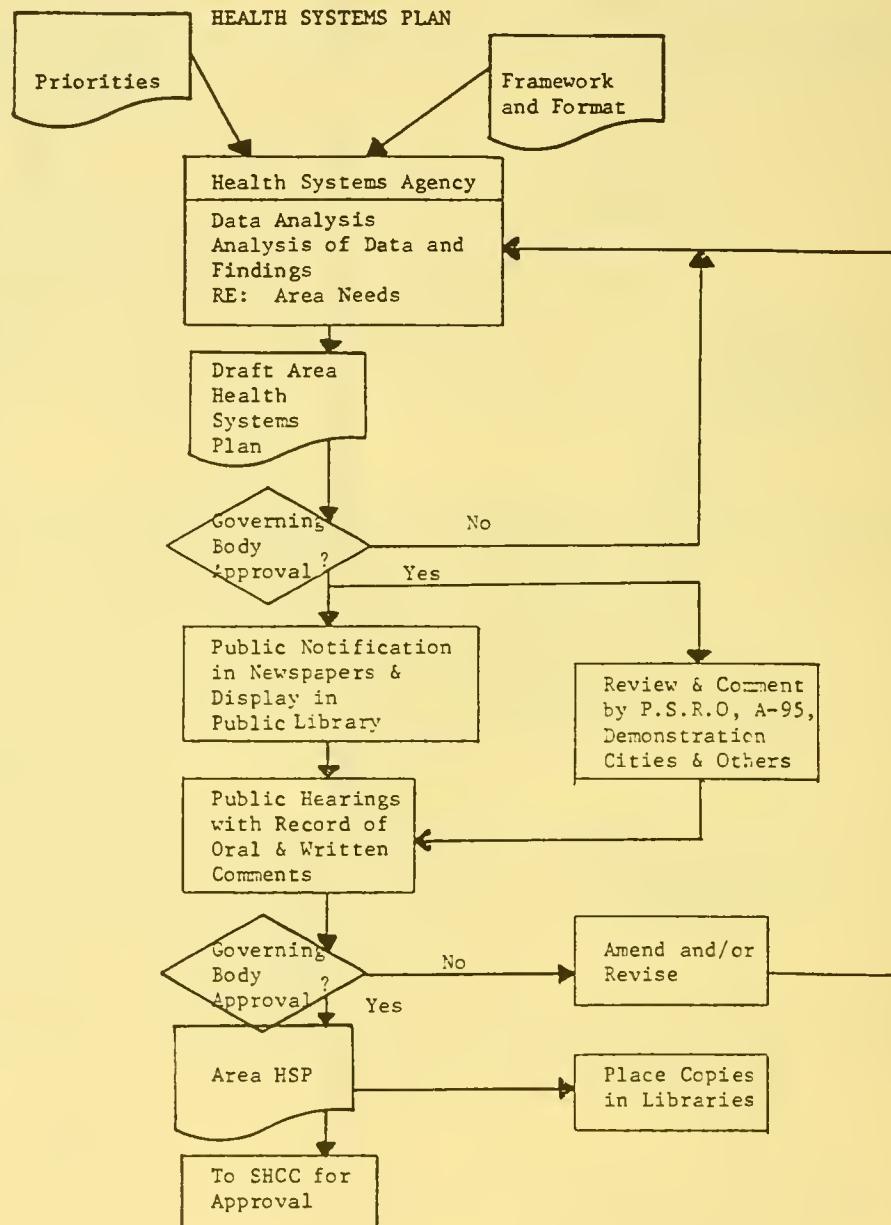


Controversy arose during the year regarding the Computerized Axial Tomography Scanner component. Following the Billings Deaconess Hospital reconsideration hearings in January, this component was viewed by the State Department of Health and Environmental Sciences as an unacceptable document for determining need.

As a result, the Governing Board instructed that a task force be appointed to revise the existing component to more appropriately address the issue in Montana.

The task force has designed a retrospective study of scanner utilization in Montana, (perhaps a first in the nation) to provide the basis for a component which indicates past experience and demonstrates a more accurate assessment of future needs.

The agency's anticipation stems from the prospect of revising the Health Systems Plan, encompassing several areas which have not been addressed in the past such as health education, preventive health and risk reduction, and emphasizing early detection and prevention.



**Area HSP Reflects:**

1. Needs of the Area
2. Resources of the Area
3. Comprehensive Goals
4. Objectives
5. Recommended Actions

With each revision of existing components, the Plan becomes more sophisticated, a more usable tool, needs become more obvious and measurable impacts of implementation become more visible.

There will be an increased emphasis on Annual Implementation Plan (AIP) projects which have measurable outcomes that will have a positive effect on the health of the populace.

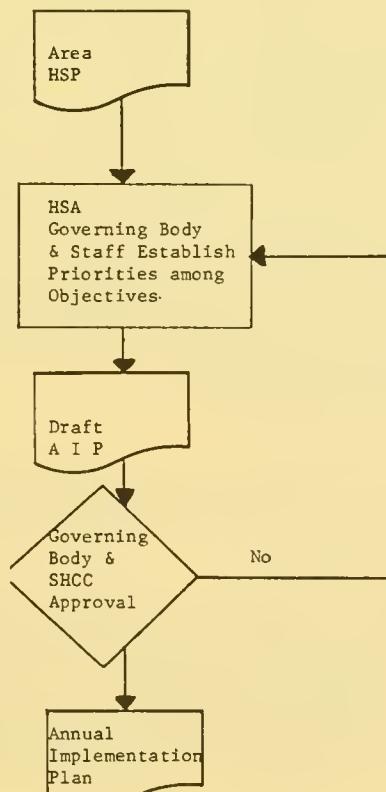
There remains the lack of Areawide Health Services Development funds. Consequently, the ten projects (two from each subarea) are limited, largely, to those which require only staff and volunteer time, and can be accomplished without significant outside funding.

In spite of these limitations, the subareas identified the following projects as having a high priority, a high probability of success, and providing a contribution to the betterment of their communities:

1. CPR promotion and increased training program for Eastern Montana.
2. Use of nurse practitioners and nurse recruitment in Eastern Montana (a critical problem for rural Montana).
3. Substance Abuse information for parents, in order to help parents recognize the problem in Great Falls.
4. Development of information regarding the cost and accessibility of adult physical fitness programs in Great Falls.
5. The need and basic concept for development of a hospice in Missoula.
6. Development of an occupational alcoholism counseling and treatment program in Missoula, an attempt at early intervention and solution.
7. Development of an educational program on adolescent alcohol abuse in the greater Billings area.
8. The development of an education program utilizing printed material and seminars on home health care, what it means and when it is useful.
9. Study the placement of long-term care patients in the Southwestern part of Montana.
10. Develop, as a pilot program, a health care services network directory which would provide directory services to consumers on what, where, who, and cost.

The MHSA staff anticipates spending approximately 30 percent of their time in direct assistance in assuring AIP project completion.

#### ANNUAL IMPLEMENTATION PLAN



## Reviewing

A very logical extension of plan development and reinforcement for the Health Systems Plan is accomplished through review for appropriateness. This is the true test of the attitude of cooperation where consumers, providers and health planners, in concert, make an assessment of the current health systems and provide recommendations for those changes which will benefit the consumers of health care. Concerns about excess and duplication are balanced by concerns about shortage and benign neglect. Paramount in the process is the quest for services improvement.

Using its Montana Health Systems Plan as the basis for decisions, the Montana Health Systems Agency will conduct areawide, aggregate reviews of institutional services offered throughout Montana. Specificity will be a derivative of any problems which may surface during the review process and will be reflected in the remedial actions which accompany the Montana HSA recommendations to the State Health Planning and Development Agency. The findings of the HSA pertinent to appropriateness review are made public.

The initial reviews for appropriateness which are now commencing must be completed by December 11, 1982. Services to be reviewed during this review period include:

- End Stage Renal Disease (hemodialysis machines)
- Neonatal Intensive Care Units
- Clinical Cardiovascular Laboratories and Cardiac Surgery Facilities
- Computerized Axial Tomography Scanners
- General Hospital Acute Inpatient Care (Beds)
- Clinical Laboratories
- Diagnostic Imaging
- Comprehensive Rehabilitation Programs
- Acute Care Psychiatric Beds
- Radiation Therapy

During this past year the Montana HSA received its authority to conduct reviews of certain Proposed Uses of Federal Funds (PUFF). This approval/disapproval authority has been exercised since November 11, 1979. Included in the review range is a long list of programs and projects required for approval/disapproval decisions by the HSA and an added list for review and comment as per O.M.B. Circular A-95 revised. In addition, the Montana HSA conducts specifically requested reviews.

A new program review manual dealing with Proposed Uses of Federal Funds clarifies the review process for both the applicant and review bodies, and includes applicable procedures, criteria and general process information. The staff report concerning the application contains a very important section which presents an analysis of the criteria on which the application is evaluated. A PUFF summary application form has been designed by MHSA staff, approved by the Governing Board and will be in effect September 1, 1980. This form will facilitate the work of the review bodies, display up front the answers to questions which are asked repeatedly during PUFF reviews, clearly demonstrate financial accountability, and present a summary and evaluation of the status of the previous year's goals and objectives.

The Montana Health Systems Agency continues its active involvement in the making of Certificate of Need review recommendations to the Montana Department of Health and Environmental Sciences. These recommendations are for approval, disapproval, or approval with conditions of those applications from health care facilities which propose:

- a capital expenditure exceeding \$150,000,
- any change in services,
- any change in bed capacity which relocates such beds from one physical facility or site to another over a period of two years or by more than 10 beds or 10 percent of the total licensed bed capacity.

The authority to review projects according to Section 1122 of the Social Security Act has been dropped. With the adoption of our current Certificate of Need Law, Section 1122 was duplicative.

The Montana Health Systems Agency emphasizes, in its review process, the need for cooperative relationships with the applicants and those affected by proposed applications. Assisting with the review and planning functions for improvement of services for Montana consumers, valuable inputs have been received from:

the Montana foundation for Medical Care (Montana Professional Standards Review Organization)  
 the Montana Department of Social and Rehabilitation Services (third part payor/medicaid)  
 the Montana Hospitals Rate Review System  
 the Montana Health Planning and Development Agency  
 the Governor's Office of Budget and Program Planning  
 the Health Systems Agencies contiguous to Montana  
 the End State Renal Disease Network Coordinating Council #2 (Seattle, Washington)

To improve the quality of applications and to insure conformance to the basic resource document, the Montana Health Systems Plan, early site visitations by MHSA staff to facilities and applicant's offices provide an opportunity to fully inform the applicant as to the Plan, the review process, criteria, and what is expected of the applicant during the review period.

The following is this year's review listing by application, with dollar amounts and the actions of the Montana Health Systems Agency.

CERTIFICATE OF NEED PROJECTS

August 1979 through August 1980

Facility/Project Title	Action Taken	Amount
Friendship Villa, Miles City		\$
Purchase Equipment and Assume Lease of Stillwater Convalescent Center (Columbus)	Abbreviated approval	80,000.
Frances Mahon Deaconess Hospital, Glasgow	Approval	-0-
Licensure Change at Chemical Dependency Center		
Western Health Care, Inc., Missoula		
Lease St. Joseph Nursing Home (Polson) (ten-year lease)	Abbreviated approval	1,310,400.
Billings Deaconess Hospital	Disapproval	827,500.
Acquisition of Computerized Transverse Axial Tomography Unit		
Montana Deaconess Medical Center, Great Falls		
Open Heart Surgery Program	Approval	2,221,807.
Columbus Hospital, Great Falls		
Auditorium and Dining Room Addition and Alterations	Approval	1,286,000.
Richland Homes, Sidney		
Licensure Change	Approval	-0-
Montana Deaconess Medical Center, Great Falls		
Replace Tomographic X-Ray Unit	Abbreviated approval	155,000.
Columbus Hospital, Great Falls		
Purchase Multi-Directional Tomography Unit	Abbreviated approval	180,000.
Toole County Hospital, Shelby		
Cost Overrun on Certificate of Need for New Facility	Abbreviated approval	700,000.
Hillbrook Nursing Home, Clancy		
Remodeling and Addition of 32 Intermediate Care Beds	Disapproval	1,050,000.
Trinity Hospital, Wolf Point		
Renovation of Laboratory, X-Ray and Emergency Rooms;		
Construction of Ambulance Garage and Physicians Office Building	Approval	500,000.
Powder River Nursing Home, Broadus		
Addition of Day Care Services	Abbreviated approval	-0-
Eastmont Training Center, Glendive		
Incorporation of Eastmont Training Center into Certification for Eastmont Human Services Center	Abbreviated approval	-0-
Montana Center for the Aged, Lewistown		
Paving and Drainage Improvement Project	Abbreviated approval	180,000.
Kalispell Regional Hospital		
Cost Overrun on Patient Wing Addition	Abbreviated approval	267,000.
Missoula Community Hospital		
Modify/Expand Neonatal Intensive Care Unit from Six to Ten	Non-reviewable	34,366.
St. Peter's Community Hospital, Helena		
Major Remodeling/Expansion of Physical Plant	Approval	9,995,000.
Clark Fork Valley Hospital, Plains		
Addition of Speech Therapy Services	Abbreviated approval	-0-
Billings Deaconess Hospital		
Cost Overrun on Phase II Project	Abbreviated approval	1,300,000.
Missoula Community Hospital		
Purchase CT Body Scanner Unit	Withdrawn	750,000.
West-Mont Community Care, Inc., Helena		
Develop ICF/MR (15 beds or less)	Disapproval	45,000.
Dawson County Council on Aging, Glendive		
Establish Home Health Agency in Dawson County	Approval	-0-
Roosevelt Memorial Hospital, Culbertson		
Reduction of Eight Beds and Remodeling	Approval	66,000.

West-Mont Community Care, Inc., Helena			
Expansion of Home Health Services to Mountainview Memorial Hospital	Abbreviated approval		-0-
St. Joseph Hospital, Polson	Non-reviewable		-0-
Addition of Hospice Unit to Home Health Care Department			
Central Montana Hospital, Lewistown	Abbreviated approval		
Purchase Philip's Rho Ultrasound		74,000.	
Missoula Community Hospital	Abbreviated approval		
Remodeling of Administrative Offices and Other Hospital Space		175,000.	
St. James Community Hospital, Butte	Abbreviated approval		
Purchase Head/Body CT Scanner	No comment		838,500.
St. Vincent Hospital, Billings			
Relocation of CT Scanner from Eastern Radiological Associates Offices to St. Vincent Hospital	No comment		1,166,345.
St. Vincent Hospital, Billings	No recommendation made.		
Purchase Hemodialysis Equipment	Comment forwarded with reasons declining review.		6,000.
St. John's Lutheran Hospital, Libby	Approval		
Renovation and Construction		3,678,125.	
Silver Bow General Hospital, Butte	Abbreviated approval		
Replace Radiology and Fluoroscopy Equipment and Structural Changes		150,000.	
Shodair Children's Hospital, Helena	Abbreviated approval		
Lease Ultrasonic Tomography Scan Unit		52,950.	
St. Patrick Hospital, Missoula	No comment		
Replace CT Head Scanner with Full Body Scanner		786,000.	
Montana Deaconess Medical Center, Great Falls	Abbreviated approval		
Purchase Head/Body CT Scanner and Remodeling	No comment		998,320.
Community Memorial Hospital, Sidney	Approval		
Remodeling and Equipment Purchases		4,150,613.	
Billings Deaconess Hospital	Abbreviated approval		
Radiology Renovation/Expansion		192,557.	
Missoula Community Hospital	Abbreviated approval		
Emergency Purchase of Profrexray 1000 MA and 300 MA Units		345,845.	
McAuley Nursing Home, Great Falls	Approval		
Construct New 80-Bed Facility		5,743,675.	
	TOTAL		39,306,003.
	Total Approved		34,588,292.
	Total Other		4,717,711.

#### A—95 PROJECTS

August 1979 through August 1980

Facility/Project Title	Action Taken	Amount
Department of Natural Resources and Conservation, Helena		\$
Schools and Hospitals Grant Program-Phase I	Non-reviewable	251,481.
Solid Waste Management Bureau, Department of Health & Environmental Sciences, Helena		
Montana's Solid Waste Management, Energy Conservation and Resource Recovery Grant	No comment	176,764.
Montana State Occupational Information Coordinating Committee, Helena FY 1980 SOICC Assistance Grant Request and Program Plan	No comment	79,938.
Department of Health & Environmental Sciences, Helena		
Health Planning and Resource Development Grant (supplemental)	Supported	17,843.
Water Quality Bureau, Department of Health & Environmental Sciences, Helena		
Safe Drinking Water Act Implementation	No comment	294,500.
Preventive Health Services Bureau, Department of Health & Environmental Sciences, Helena		
Health Education-Risk Reduction	No comment	70,043.
Preventive Health Services Bureau, Department of Health & Environmental Sciences, Helena		
Community Vaccination Program	No comment	82,751.
Preventive Health Services Bureau, Department of Health & Environmental Sciences, Helena		
Venereal Disease Control Program	No comment	86,621.
Hill-Top Recovery, Inc., Havre		
Community Alcoholism Services (continuation)	Approval comment	38,148.
Yellowstone City-County Health Department, Billings		
Migrant Health Project for Yellowstone Valley (continuation)	Approval comment	140,000.
Missoula General Hospital Nursing Home		
Banco Mortgage Company Loan	Disapproval comment	1,581,800.
Montana Migrant and Seasonal Farmworkers Council, Inc., Billings		
Migrant Health Project for Yellowstone Valley	Disapproval comment	112,190.
Dental Bureau, Department of Health & Environmental Sciences, Helena		
Montana Fluoridation Project	Approval comment	980,214.
Maternal & Child Health Bureau, Department of Health & Environmental Sciences, Helena		
Statewide Family Planning Services	Approval comment	1,129,225.
Indian Health and Education Center, Great Falls		
Education Center Comprehensive Indian Alcoholism Services	Disapproval comment	367,289.

Montana Foundation for Medical Care, Helena	Supported	890,000.
Professional Standards Review Organization		
Handicapped Childrens Service, Department of Health & Environmental Sciences, Helena		
Cleft Palate Project	Approval comment	93,000.
Emergency-Medical Services Council, Missoula		
EMT Initial and Continuing Education and Emergency Room RN Continuing Education	Approval comment	94,435.
Carroll College, Helena		
Dental Hygiene College Curriculum Program (continued)	Supported	89,150.
South Central Montana Regional Mental Health Center, Billings		
Alcohol Services Department in Area of Domestic Violence	Withdrawn	210,000.
Blackfeet Tribal Health Board, Browning		
Support for EMS Training	Approval comment	71,350.
South Central Montana Regional Mental Health Center, Billings		
Develop Womens Treatment Program for Alcoholic Women	Approval comment	163,460.
St. Vincent Hospital, Billings		
EMT Ambulance Training	Disapproval comment	96,435.
Maternal & Child Health Bureau, Department of Health & Environmental Sciences, Helena		
Improved Pregnancy Outcome Project (continuation)	Approval comment	332,541.
	TOTAL	7,449,178.
	Total approved	4,039,366.
	Total other	3,409,812.

#### PROPOSED USE OF FEDERAL FUNDS (PUFF) PROJECTS

August 1979 through August 1980

Facility/Project Title	Action Taken	Amount
Big Horn Health Corporation, Hardin		\$
Big Horn County RHI — Developmental Phase	Approval	67,500.
North Central Montana Mental Health Center, Great Falls		
Continuation Staffing Grant	Approval	589,695.
Alcohol & Drug Abuse Division, Department of Institutions, Helena		
Statewide Service Grant (continuation)	Approval	693,522.
Eastern Montana Community Mental Health Center, Miles City		
Fifth Year Distress Grant (continuation)	Approval	117,474.
Western Montana Community Mental Health Center, Missoula		
Year Two Financial Distress Grant	Approval	128,275.
Emergency Medical Services Bureau, Department of Health & Environmental Sciences, Helena		
1) EMS BLS in Region 3A, NE MT	Approval	1,000,523.
2) EMS BLS in Region 1B, SW MT	Approval	726,760.
Southwest Montana Mental Health Center, Helena		
Comprehensive Community Mental Health Center	Approval	204,371.
Missoula Indian Alcohol and Drug Service Halfway House	Abbreviated approval	120,000.
Yellowstone City-County Health Department, Billings		
Home Health Agencies Fiscal Management Training	Approval	19,205.
Montana United Indian Association, Helena		
WICONI Family Planning	Approval	75,155.
Montana Council on Alcoholism, Helena		
Volunteer Resource Development Project (continuation)	Approval	50,000.
South Central Montana Regional Mental Health Center, Billings		
Childrens Continuation Staffing	Approval	237,396.
Preventive Health Services Bureau, Department of Health & Environmental Sciences, Helena		
Hypertension Control (supplemental)	Disapproval	42,000.
Human Growth Center, Great Falls		
Adolescent Pregnancy Services Coordination Project	Approval	161,585.
Florence Crittenton Home and Services of Montana, Helena		
Comprehensive Services for Pregnant Adolescents and Adolescent Parents	Approval	189,452.
Northern Cheyenne Council on Alcoholism and Drug Abuse, Lame Deer		
WOHEHIV Alcoholism Treatment Program	Approval	249,750.
Teton Medical Center, Choteau		
Primary Care Research and Demonstration Project, etc.	Disapproval	102,627.
Network for Adolescent Pregnancy Services, Missoula		
Adolescent Pregnancy Program	Approval	93,998.
Colorado Department of Health, Denver		
Five-State Genetic Disease Testing, Counseling and Education (continuation)	Withdrawn	761,828.
Family Training Center, Inc., Glasgow		
Rural Health Education and Maintenance Program	Approval	199,453.
Shodair Children's Hospital, Helena		
Genetics Disease Counseling and Education	Approval	195,937.
Southeastern Montana RHI, Miles City		
Three-year Grant to Fund RHI Services in Rosebud, Treasure, Powder River and Garfield Counties	Approval	249,610.

Department of Social & Rehabilitation Services, Helena  
 Comprehensive Screening and Evaluation-A Demonstration Project

(continuation)

Dental Bureau, Department of Health & Environmental Sciences, Helena	Approval	250,000.
Statewide Dental Research and Demonstration	Approval	148,141.
Health Development Associates, Inc., Missoula	Disapproval	74,885.
Missoula HMO Feasibility Study		
Yellowstone City-County Health Department, Billings	Approval	119,011.
Big Sky Hospice Demonstration Program		
Professional Association Management-Montana Funeral Directors' Association, Helena	Approval	48,980.
Sudden Infant Death Syndrome Program		
Five Valleys Health Care, Inc., Missoula	Approval	298,403.
Primary Care Research and Demonstration		
Rocky Mountain Planned Parenthood, Denver	Not reviewable this year	315,400.
Region VIII General Training for Family Planning		
Maternal & Child Health Bureau, Department of Health & Environmental Sciences, Helena	Approval	28,428.
Montana Statewide Family Planning Services (supplemental)		
Regional Chemical Dependency Programs, Inc., Missoula	Approval	45,884.
Occupational Alcoholism Program		
Preventive Health Services Bureau, Department of Health & Environmental Sciences, Helena	Approval	199,448.
Hypertension Control Program		
Alcohol & Drug Abuse Division, Department of Institutions, Helena	Approval	84,991.
State Drug Abuse Prevention		
Missoula City-County Health Department	Disapproval	58,997.
Missoula County Risk Reduction Program		
Missoula City-County Health Department	Disapproval	138,191.
Missoula Adolescent Alcohol Abuse and Smoking Prevention Project		
Poplar Public Schools	Approval	200,000.
Health Education — Risk Reduction of Alcohol and Cigarettes		
Ninth Judicial District Youth Court, Shelby	Approval	157,560.
Preventive Health Services—Priority Tobacco and Alcohol Abuse, etc.		
	TOTAL	8,444,435.
	Total Approved	6,950,507.
	Total Other	1,493,928.

## GOVERNING BOARD

NAMES	REPRESENTING
<b>Consumers</b>	
Robert Bell, D.V.M.	Eastern
Gloria Heggen	Eastern
Ada Weeding	Eastern
Ray Amundson	North Central
Al Klingler	North Central
Mary Ellen Robinson	North Central
Edward Morse	South Central
Jackie Redding	South Central
Barbara Schilling	South Central
John Allen	Southwest
Jane Anderson	Southwest
Henry Stish	Southwest
Clyde Dowell	Northwest
Rudyard Goode	Northwest
Evelyn Johnson	Northwest
Gary Blewett	Governor
Charles Fisher	Montana United Indian Association
Andrew Hellstern	Low Income
Morris Billehus	Elected Official
Laurence Kenmille	Montana Indian Health Board
John St. Jermain	Elected Official
Verneva Salisbury	Senior Citizens
<b>Hospital Administrators</b>	
Dick Atkins	
Ron Barnes	
Gary Fletcher	
<b>Nursing Home Administrators</b>	
Kent Ferguson	
<b>Physicians</b>	
Vincent Amicucci, M.D.	
Guy C. Glenn, M.D.	
C. G. Pat McCarthy, M.D.	
John Sampsel, M.D.	
David Wilkins, M.D.	
<b>Nurses</b>	
Sharon Dieziger	Montana Nurses Association
Mary Alice Rehbein	League for Nursing
<b>Other Health Providers</b>	
Larry Bonderud	Optometrist
John Bunger	Veteran's Administration
Phil Catalfomo	Professional Schools
Gary Dols	Chiropractor
Terry Donahue	Pharmacist
Jean Gowdy	Allied Health
Frank Lane	Mental Health
Neil Livingstone	Dentist
Virgil Miller	Blue Cross
Janice Tremi	Home Health

**MONTANA HEALTH SYSTEMS AGENCY  
GOVERNING BOARD COMMITTEES**

**EXECUTIVE COMMITTEE**

Vincent Amicucci, M.D.  
Jane Anderson  
Ron Barnes  
Robert Bell, D.V.M.  
Morris Billehus  
Gary Blewett  
John Bunger  
Phil Catalfomo  
Sharon Dieziger — CHAIRMAN  
Clyde Dowell  
Kent Ferguson  
Charles Fisher  
Gloria Heggen  
C. G. Pat McCarthy, M.D.  
Edward Morse  
Mary Ellen Robinson  
Verneva Salisbury  
Jan Tremi

**PLAN DEVELOPMENT COMMITTEE**

Dick Atkins  
Phil Catalfomo — CHAIRMAN  
Gary Dols, D.C.  
Clyde Dowell  
Kent Ferguson  
Guy C. Glenn, M.D.  
Gloria Heggen  
Andrew Hellstern  
Edward Morse  
John St. Jermain  
Henry Stish

**SUBAREA ADVISORY COMMITTEE**

Robert Bell, D.V.M.  
Larry Bonderud, O.D.  
Betty Mitchell  
Ron Plummer  
Mary Ellen Robinson — CHAIRMAN  
Verneva Salisbury  
John Sampsel, M.D.  
Henry Stish  
Ada Weeding

**REVIEWS POLICY COMMITTEE**

Vincent Amicucci, M.D.  
Ray Amundson — CHAIRMAN  
Jane Anderson  
Morris Billehus  
Gary Blewett  
Terry Donahue  
Gary Fletcher  
Rudyard Goode  
Evelyn Johnson  
Jan Tremi  
David Wilkins, M.D.

**BY-LAWS COMMITTEE**

John Allen  
Kent Ferguson  
Alfred Klingler  
Mary Ellen Robinson — CHAIRMAN  
Barbara Schilling

**NATIVE AMERICAN TASK FORCE**

Terry Donahue  
Charles Fisher — CHAIRMAN  
Laurence Kenmille  
C. G. Pat McCarthy, M.D.  
Jackie Redding  
Mary Alice Rehbein

**INTERNAL MANAGEMENT COMMITTEE**

John Allen — CHAIRMAN  
Vincent Amicucci, M.D.  
Gary Blewett  
John Bunger  
Neil Livingstone, D.D.S.

**THE GOVERNING BOARD**  
**August, 1979-August, 1980 Annual Report Period**

NAME	LAST YEAR OF TERM		
John Allen 1140 Vallejo Drive Helena, MT 59601 449-3420/458-9743 Consumer, SW, Area 4	1980	John Bunger, Director V. A. Center Fort Harrison, MT 59636 442-6410 V. A. Rep., Provider SW, Area 4	1980
Vincent Amicucci, M.D. 2225 Eleventh Avenue Helena, MT 59601 442-4315/933-5527 Physician, Provider, SW, Area 4	1980	Phil Catalfomo 33 Willowbrook Lane Missoula, MT 59801 728-5411/243-4621 Professional Schools, Provider, NW, Area 5	1980
Ray Amundson 1827 Beech Drive Great Falls, MT 59401 761-3150 Consumer, NC, Area 2	1982	Sharon Dieziger 3604 Fifth Avenue South Great Falls, MT 59405 761-1200 ext. 2334/453-1525 Mt. Nurses Assoc., Provider, NC, Area 2	1982
Jane Anderson P. O. Box 608 Anaconda, MT 59711 563-3110 Consumer, SW, Area 4	1981	Gary Dols 1120 Broadwater Avenue Billings, MT 59101 259-1757/252-3275 Chiropractor, Provider, SC, Area 3	1982
Dick Atkins, Administrator Marcus Daly Memorial Hospital 1200 Westwood Drive Hamilton, MT 59840 363-2211 Hosp. Admin., Provider, NW, Area 5	1982	Terry Donahue 2812 Goodwin Butte, MT 59701 792-8361/494-5693 Pharmacist, Provider, SW, Area 4	1982
Ron Barnes, Administrator Trinity Hospital 315 K Street Wolf Point, MT 59201 653-2100 Hosp. Admin., Provider, E, Area 1	1982	Clyde Dowell P. O. Box 386 Eureka, MT 59917 296-2775 Consumer, NW, Area 5	1981
Robert Bell, D.V.M. 515 Broadway Culbertson, MT 59218 787-6682 Consumer, E, Area 1	1981	Kent Ferguson, Administrator Hot Springs Convalescent Center Drawer U Hot Springs, MT 59845 741-2992/549-7980 Nursing Home Assoc., Provider, NW, Area 5	1981
Morris Billehus Box 384 Scobey, MT 59263 487-5561/799-3695/487-2869 Elected Official, Consumer, E, Area 1	1981	Charles Fisher Montana United Indian Association P. O. Box 26 Babb, MT 59411 732-4031 Mt. United Indian Assoc., Consumer, NC, Area 2	1981
Gary Blewett 730 Hauser Boulevard Helena, MT 59601 449-3952/442-3918 Gov's Rep., Consumer, SW, Area 4	Governor's Pleasure	Gary Fletcher, Administrator Central Montana Hospital 408 Wendell Lewistown, MT 59457 538-7711 Hosp. Admin., Provider, SC, Area 3	1980
Larry Bonderud, O.D. P. O. Box G Shelby, MT 59474 434-5196 Optometrist, Provider, NC, Area 2	1982	Guy C. Glenn, M.D. P. O. Box 2505 Billings, MT 59103 656-0769/657-7148 Physician, Provider, SC, Area 3	1981

Rudyard Goode	1982	Edward Morse	1981
643 East Beckwith		Denton, MT 59430	
Missoula, MT 59801		567-2304	
728-4766/243-6716		Consumer, SC, Area 3	
Consumer, NW, Area 5		Jackie Redding	1982
Jean Gowdy	1980	Big Horn, MT 59010	
Pryor Star Route		342-5481	
Billings, MT 59101		Consumer, SC, Area 3	
259-0495		Mary Alice Rehbein	1980
Allied Health, Provider, SC, Area 3		Richland County Public Health	
Gloria Heggen	1980	221 Fifth Street, S.W.	
P. O. Box 457		Sidney, MT 59270	
Ekalaka, MT 59324		482-2207	
775-6259		League for Nursing, Provider, E, Area 1	
Consumer, E, Area 1		Mary Ellen Robinson	1981
Andrew Hellstern	1981	Highwood, MT 59450	
P. O. Box 368		733-5161	
Hinsdale, MT 59241		Consumer, NC, Area 2	
648-5598		John St. Jermain	1982
Low Income, Consumer, E, Area 1		4611 Second Avenue North	
Evelyn Johnson	1980	Great Falls, MT 59401	
430 South Fifth Street West		727-8222/452-2838	
Missoula, MT 59801		Elected Official, Consumer, NC, Area 2	
543-6737		Verneva Salisbury	1981
Consumer, NW, Area 5		Floweree, MT 59440	
Laurence Kenmille	1982	734-5383	
Elmo, MT 59915		Senior Citizens, Consumer, NC, Area 2	
676-2700		John J. Sampsel, M.D.	1982
Mt.. Indian Health Bd., Consumer, NW, Area 5		2200 Box Elder	
Alfred Klingler	1980	Miles City, MT 59301	
P. O. Box 488		232-0790/232-1553	
Shelby, MT 59474		Physician, Provider, E, Area 1	
434-2692/434-2252		Barbara Schilling	1980
Consumer, NC, Area 2		P. O. Box 26	
Frank Lane	1982	McLeod, MT 59052	
Eastern Mental Health Center		932-2805/932-2396	
1819 Main Street		Consumer, SC, Area 3	
Miles City, MT 59301		Henry Stish	1982
Mental Health, Provider, E, Area 1		414 South Arizona	
Neil Livingston, D.D.S.	1981	Dillon, MT 59725	
820 North Montana Avenue		683-7382/683-7011	
Helena, MT 59601		Consumer, SW, Area 4	
442-7530		Janice Tremi	1980
Dentist, Provider, SW, Area 4		620 Alderson Avenue	
C. G. Pat McCarthy, M.D.	1981	Billings, MT 59101	
501 West Broadway		252-5181 ext. 221	
Missoula, MT 59801		Home Health, Provider, SC, Area 3	
543-6831/721-5600		Ada Weeding	1982
Physician, Provider, NW, Area 5		Jordan, MT 59337	
Virgil Miller	1980	557-2557	
Blue Cross		Consumer, E, Area 1	
P. O. Box 5004		David Wilkins, M.D.	1981
Great Falls, MT 59403		Route 36, Box 85-C	
761-7310		Havre, MT 59501	
Blue Cross, Provider, NC, Area 2		265-7955	
		Physician, Provider, NC, Area 2	

Chairman — Sharon Dieziger  
 Vice-Chairman — Gloria Heggen  
 Secretary-Treasurer — Edward Morse

# THE STAFF

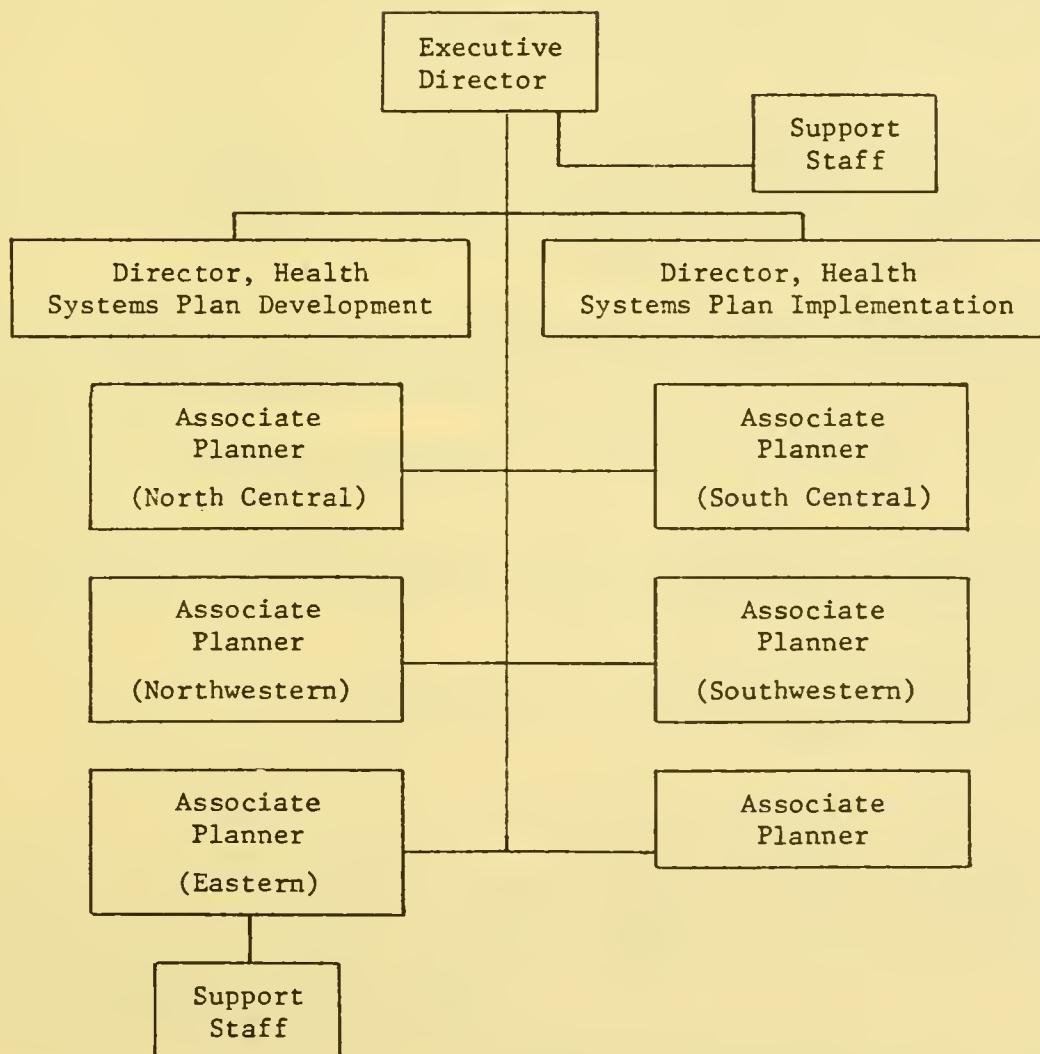
The Executive Director  
Ralph Gildroy

Director, Health Plan Development  
Russell Hair

Associate Planners  
Vearle Addy  
Gregg Davis  
Howard Kennedy  
Barbara Kirscher  
Michael Welsh  
Pat Petaja

Director, Health Plan Implementation  
Bert Glueckert

Support Staff  
Gerri Reeves  
Sharon Workman  
Patricia Garvin  
Myrna Reed



The reports of the subarea advisory councils reflect some perspectives of those HSA staff members who provide staff support and liaison to those councils.

## **EASTERN SUBAREA ADVISORY COUNCIL**

### **August 1979-August 1980**

Eastern Montana's evolving dichotomy of life-styles is affecting the health care system as well as other community concerns. Impacting the system are the many industrialized, accident-liable, usually healthy young adults with growing families who are coming into the region to support energy exploration and development activities and who expect and demand the comprehensive health-care services which they have been accustomed to find in more urban centers. Better diagnostic services, obstetrical services, emergency treatment and many out-patient services as opposed to lengthy hospital stays are some examples. The "native" population although still mostly rural-based, often isolated, also is demanding better and more comprehensive services in settings closer to home. Expense of travel and emphasis on conservation of fuel and coordination of resources are factors in the reluctance of persons to accept referral to distant health care facilities as the only way of obtaining competent health care.

The top-priority health care problem in the Regions continues to be the procurement and retention of qualified medical personnel. This problem emerges in the planning process, in the review process and, especially, in the choice of Annual Implementation Projects.

Activities in the Region during the past year in each area can be summarized as follows:

#### **Planning:**

Three council-sponsored meetings were held to receive public input in revising and developing HSP components. Development of AIP projects was also accomplished with help from the public. Representatives of Region I helped with state Task Force sessions. The Eastern Subarea Council (ESAC) Representative met with Community Mental Health staff to draft a suitable statement of Eastern Montana concerns for the Mental Health Component.

#### **Review:**

Public meetings were held to conduct reviews of PUFF applications, primarily continuation grants. Monitoring of these grants has been accomplished through periodic personal reports to the council by grantees, by provision of minutes of meetings and by telephone briefings of ESAC's representative on significant changes in policy, budget, procedures, etc.

Certificate of Need applications dealt with bed classification changes, renovation, up-dating of equipment, change of focus or services, and provision of space for medical personnel and for clerical purposes. One program, new to Montana, to furnish day-care for the elderly, disabled or convalescent persons living in Powder River County, through the local Nursing Home, received statewide and regional commendation. Two Joint-subarea reviews were held, and Eastern members participated in the several Statewide Review Committee sessions.

Money budgeted for application ranged from no dollars to over 4½ million dollars.

Meetings were well attended, with 30 to over 100 present.

Site visits were made by the representative prior to the review of each application.

#### **Annual Implementation Plan:**

Projects for the current year and next year have the same general focus, and efforts to carry them out have been continuous and over-lapping.

1. 1979-80 Education of professional and lay-persons in the qualifications and functions of Nurse Practitioners and possible expansion of the role of the N.P. in provision of primary health care in rural and/or isolated settings. A statewide Rural Health Forum and a Regional Physician Recruitment Forum including presentations on Nurse Practitioners were held. The Rocky Mountain Forum on Community Health Promotion featured wellness and self-care concepts, with emphasis on alternatives to treatment of disease, etc. by physicians. State staff developed a Montana Nurse Practitioner Profile from questionnaires issued to practicing N.P.s in the state.

The ESAC staff representative spoke during the Nurse Practitioners State Convention and participated in a panel presentation at the Montana Pharmaceutical Association Convention.

A Position Paper was developed concerning Nurse Practitioners by the Montana Nurses Association and distributed to interested groups.

Nurse Practitioners volunteered to speak to groups requesting educational programs. Presentations at Eastern and Southwest Subarea Council meetings resulted in resolutions of support. Presentations have been tentatively scheduled in the other subareas, time permitting.

Results of the Project 80 (conducted by Montana State University Departments of Agriculture and Home Economics in conjunction with the Cooperative Extension Service) assessment of community, district and state needs and recommended solutions, documented strong support of the use of N.P.s and other para-professionals to extend primary care services in rural and isolated portions of Montana.

This project is being continued and expanded to include efforts to obtain more nurses for Eastern Montana.

2. 1979-80 Education of professionals and lay-persons in self-help techniques and preventive education to extend the knowledge and expertise of the health care professionals.

For the first time in Montana, the MHSA was involved in planning an EMS Regional Basic Support System and developing the grant application for same. A public meeting jointly sponsored by the Emergency Medical Services Bureau (EMS) and the Eastern Sub-area Advisory Council was held. A steering committee to include ESAC members and EMS personnel was selected to assist in the formation and early activities of the System. Representatives were appointed to contact County Commissioners and established Emergency Medical organizations in each community to assess needs and coordinate efforts. The application was written (a second meeting was held to rework the rough draft), approved by the Statewide Review Committee and Executive Committee of MHSA and approved and funded by Region VIII, Dept. of HHS. The steering committees will meet again August 28, 1980 to form the Non-profit sponsoring organization, adopt by-laws and hire administrative personnel.

An application for federal funds for an EMT/A training grant by Billings St. Vincent Hospital was recommended for approval by the Joint Eastern-South Central SAC, but disapproved by the MHSA Executive Council.

Community colleges in Eastern Montana have been offering courses and First Aid and Emergency Medical Technician training. Lists of organizations sponsoring classes have been drawn up.

The Office of Public Instruction, County Superintendents of Schools and some individual teachers have been contacted to determine if any assistance is needed in preparing teachers to offer preventive and self-care education.

Emphasis for next year will be on CPR instruction for EMTs and the general public. The ESAC project will include coordination of efforts in offering classes and assistance in reaching those persons who should be getting the training.

Project 80 also cited the need for more classes in First Aid, CPR, other First Responder skills, Home Nursing and other self-help training.

#### Other:

Several education sessions were held during council meetings on health matters, orientation of new members, appropriateness and other review procedures. Orientation of new members was also done in community settings. All seats on the Council are filled; work is beginning in preparation for the annual election in October.

Much of the Eastern Sub-area representative's time has been devoted to community inter-action and public relations. Calls are made on health-related persons and community leaders whenever the representative has occasion to be in a community. Newspaper, radio and TV coverage of activities has been sought and obtained. Presentations have been made to civic groups.

Coordination of effort with the Indian Reservation Agencies in Eastern Montana has been promoted actively. The HSA representative visited all three tribal health departments to present information and support participation in the MHSA Indian Task Force, and with the Northern Cheyenne on an Alcohol Treatment application and the Fort Peck Tribal Health Department on a proposed Home Health Agency.

There has also been coordination with the Federal projects officer on proposed NHSC sites, RHI proposals, and applications from Native Americans.

It has been a busy, sometimes frantic, time for health care concerns and ESAC in Eastern Montana. The year has brought better understanding of the planning process as presented by MHSA, and the mutual understanding and cooperation among providers and consumers on the Council has been beneficial to all the Region.

## NORTH CENTRAL SUBAREA ADVISORY COUNCIL

August 1979-August 1980

The North Central Subarea Advisory Council was active this past year, both with the development of health services and participation in almost every facet of Health Systems Agency business.

Open heart surgery capability has come to North Central Montana through the approval of a Certificate of Need issued to Montana Deaconess Medical Center. Montana Deaconess Medical Center also has been approved for CT Scanning services which will provide residents access to two late generation scanners, since Columbus Hospital was also approved for replacement of its second generation scanner. Ground was broken for the construction of a new hospital in Shelby, and planning is well under way for the construction of a new hospital in Browning.

The North Central Subarea Advisory Council has had an increase of participation and enthusiasm, with the election of some spirited new Council members. Council members elected this year consist of a laboratory technician, an respiratory therapist, an attorney, a physician, a school teacher, and a retired citizen. Attendance at meetings has been excellent, and the role of the Council has been undertaken with a new vigor. The chairman of the Subarea Council presently serves on the Governing Board, the Executive Committee, the By-Laws Committee, and the Subarea Advisory Committee of the Agency. Leadership for the Health Systems Agency has found its roots based in the Great Falls area with the election of the Governing Board Chairman, Sharon Dieziger, Coordinator of Nursing from Montana Deaconess Medical Center. A total of 10 concerned citizens from the North Central Subarea are represented on the Governing Board of the Agency, which makes for excellent representation, and is indicative of the concern for the welfare of the population of that part of the state.

The Council chose to zero in on what it perceives as the most pressing problems in North Central Montana when it chose its AIP projects to impact drug abuse, and physical fitness problems. The Council perceives drug education activities for parents and an inventory of physical fitness programs as the most logical approach to the problems.

As to last year's projects, the North Central Subarea recently reviewed the status of the 79-80 AIP projects and discussed first the project of developing a complete listing of consumer health education programs. It was concluded that, after work with state health education personnel, the State Health Planning and Development Agency and other professionals in health education related professions, services to consumers for health education were too fragmented for such a list to be developed. After an attempt by the Health Systems Agency to write a plan component on health education to be included in the Health Systems Plan, the findings were much the same. Problems with research to ascertain the existing availability of health education resources led to termination of the project. In order to get a usable inventory to address health education, the Health Systems Agency contracted with Montana State University to do a study on the availability of health education programs. This study also resulted in frustration because of the fragmentation in the field. The study, although unable to develop an inventory, at least gave a rationale for why such an inventory was impossible. Services provided by the private sector which are totally uncoordinated with governmental programs, problems with definitions of many aspects of the field and a general lack of focus by any entity involved with the planning of health education programs, all contributed to the failure to develop such an inventory. In an attempt to continue what Council members still visualize as a worthwhile project, a comparable 1980-81 project was more specific. This project was to develop a listing of physical education and recreation opportunities available to the health consumer in the North Central Subarea. The Council anticipates this project to be more manageable and to give at least a beginning to the needed inventory.

The second project was to generate an increased number of persons taking CPR training in North Central Montana. The Health Systems Agency approved an application from the EMS Bureau for Basic Life Support Development in Region 2A (the North Central Subarea). Specific objectives were to develop workshops, instructors and instructional materials. The EMS Bureau reports now that one out of eight people in some areas of the state have received CPR training. The Montana Heart Association and the Red Cross are the organizers of all CPR training in North Central Montana with their fiscal years ending July 1980. An update of actual training done for this fiscal year will not be available until the end of July, but the following table represents projections of the number of certificates given, number of classes held and the number of CPR instructors for July, 1979 through June 1980.

County	CPR Certificates	CPR Classes	Number of Instructors
Blaine	213	15	10
Cascade	969	80	55
Choteau	195	20	10
Glacier	20	5	3
Hill	250	20	10
Liberty	0	0	0
Pondera	30	5	5
Teton	120	10	10
Toole	15	0	0
<b>TOTALS</b>	<b>1812</b>	<b>155</b>	<b>103</b>

## SOUTH CENTRAL SUBAREA ADVISORY COUNCIL

August 1979-August 1980

The last fiscal year of operation for the MHSA brought focus to the Health Systems Plan as the result of a reconsideration hearing on a Certificate of Need application submitted by a Billings hospital. The Certificate of Need was a request for a second CT Scanning unit to serve the populace of Billings. Pursuant to the guidelines prescribed in the Health Systems Plan, both the MHSA and the State Department of Health and Environmental Sciences disapproved the Certificate of Need request. After three days of a reconsideration hearing, the decision was reversed and a certificate was issued.

As a result of the reconsideration hearing, the plan component on CT Scanners is currently undergoing a major revision to better assess the need and demand for CT Scanners in Montana. Subsequent to the hearing, a second Certificate of Need has been granted to relocate the former CT Scanner from a physician's office to the hospital.

The 1979/1980 year changed the composition of the South Central Council in two ways. First, the Council is nineteen members strong, the first time the Council has been at its full complement in four years of MHSA operation. Secondly, the dental profession is now represented on the Council as an allied health representative. This was primarily the result of MHSA participation at an annual dental society convention in Great Falls last year. One result of the convention was a better organization of the dentists to gain access to the MHSA system.

The 1979/1980 year also afforded the members of the South Central Council an opportunity to evaluate and critique the MHSA subarea liaison. This is the first time the Council was directly requested to evaluate the liaison staff member responsible for that area. This evaluation was also employed in some of the other subareas as well.

As a result of procedural problems encountered subsequent to a South Central meeting on a CT Scanner application, the review process has changed significantly in that all MHSA committee reviews now follow a prescribed meeting format, including a new conflict of interest statement and voting procedure.

In reference to the status of Annual Implementation Projects, the South Central Subarea Advisory Council identified as one of its 1979-1980 AIP projects, an education, training and information program to be implemented in Judith Basin and Golden Valley Counties on the following health education topics:

1. The early warning signs of illness, how to identify them and what to do.
2. What to do in an emergency.
3. The physiological and psychological aspects of aging.
4. Health maintenance, including nutrition and exercise.

The second AIP project involved a dental education and screening program for the entire eleven county South Central Subarea

### **I. The education and information services to Golden Valley and Judith Basin County.**

Beginning in July, 1979, the key contacts were made and interest generated for presenting seminars in Stanford and Ryegate on the Physiological and Psychological Aspects of Aging.

Many of the activities completed by the medical coordinator for Golden Valley County addressed the health education topics of the 1979-1980 AIP. The feasibility of a "911" emergency phone system was examined but determined to be inappropriate for Golden Valley County due to the lack of adequately trained personnel to respond and the phone limitations evident in the area.

Trauma kits were purchased and located throughout Golden Valley County. People in the county were trained in their use. Three hundred (300) Golden Valley residents were trained in CPR methods, including all high school students in Lavina and Ryegate, towns that account for 50 percent of the 1980 County population. Seven (7) CPR instructors were also trained.

In addition, the Montana Extension Service is developing health education workshops for rural areas. The programs will concentrate on preventing disease and accidents in rural communities, and will also address alcoholism, nutrition, safety, smoking, hygiene, mental health, and immunization.

The aging seminars presented in Judith Basin and Golden Valley Counties were well received by the Senior Citizens. The Senior Citizens in Judith Basin County completed a post workshop evaluation indicating the topics discussed were pertinent to their needs. Evaluation responses indicated the par-

ticipants would like more information about nutrition and nutrition programs available in rural areas, as well as exercise programs.

## **II. A Dental Education and Screening Program**

The Bureau of Dental Health applied for a Health to Underserved Rural Area (HURA) Grant to initiate a Research and Demonstration Project on a Dental Education and Screening Program for the entire State of Montana.

The Bureau of Dental Health, of the Department of Health and Environmental Sciences, proposes to conduct a research and demonstration project to demonstrate and assess the feasibility of a statewide dental screening program for elementary school children. The project will demonstrate that the dental status of children can be improved through a statewide dental screening program without the actual provision of dental services.

The project will hire hygienists who will classify the children as Class I, II, or III, provide preventive dental education (brushing and flossing, etc.), fluoride rinse, and then refer the children (via parents) to dentists to correct any Class I or II conditions.

Under the proposed HURA Grant, requesting funds to the amount of \$148,141, the Bureau of Dental Health proposes to initiate a Dental Health Program for all elementary children in the state that is patterned after the school preventive Program of the Flathead Children's Dental Health Project. The State will be divided into 14 dental health districts with a dental hygienist being responsible for administering the program in each district.

The grant will become effective in October of this year. It was approved by the MHSA in June, 1980.

## **SOUTHWESTERN SUBAREA ADVISORY COUNCIL**

### **August 1979-August 1980**

The year in review for the MHSA, reveals some substantive changes and issues occurring within the Southwestern Subarea Council.

Several very important Certificates of Need were reviewed by the Council and some were surrounded by controversy. One of those was the Hillbrook Nursing Home whose disapproval was recommended by the Subarea Council to the Executive Committee. The Executive Committee upheld the Subarea disapproval. The project was ultimately approved by the State.

St. Peter's Hospital submitted a Certificate of Need proposal, which generated much controversy, but was approved by the Executive Committee and the State. Later, St. Peter's submitted a request for a 1.3 million dollar overrun which the State Health Plan Development Agency (SHPDA) also approved without the input from the MHSA.

Progress on the AIP projects for the year follows:

#### **AIP Project No. 1**

Project No. 1 of the Southwestern Subarea Advisory Council had a goal of investigating the feasibility of establishing a regional program in the Southwestern Subarea to increase physician recruitment and retention in addition to increasing utilization of nurse practitioners in rural areas. At least one RHI application was to have been generated from Southwestern Montana.

In the one potential site for a projected RHI, repeated contacts with the County Commissioners and affected providers met with resistance to the execution of the concept. Local support could not be elicited for the project.

The Southwestern Subarea Advisory Council has invited a Nurse Practitioner as a guest speaker to describe the role of the Nurse Practitioner in Montana to the Council. The Council is also taking under advisement a position paper prepared on the same subject.

#### **AIP Project No. 2**

Although drug substitution (the practice of dispensing an equivalent generic drug for a brand name prescription) remains controversial, the Montana Pharmacy Act allows pharmacists to engage in the practice unless the physician indicates no substitution on the prescription. By law, pharmacies are required to have a sign encouraging consumers to ask about the availability of possible cheaper generically equivalent prescriptions.

Some consumer groups, such as the Senior Citizens and Teacher's Union, are encouraging members to inquire about a generic substitute when they have a prescription filled. The Department of Social and Rehabilitation Services has a policy of not reimbursing for any brand name product when a generic drug is available unless the physician specially indicated no substitution can be made.

An education project dealing with generic drug substitution was identified by the Southwestern Subarea Council. It involves:

1. Making available to consumers and consumer groups an existing list of generic drugs and an informational brochure discussing the pros and cons of drug substitution.
2. To run a newspaper ad in several area newspapers encouraging the use of generic drugs and the advantages and disadvantages of using drug substitutes. Samples of the ad will be sent to the Medical Association and Pharmacy Board before the ad will be run.

To assist in this program and because of its technical nature, a task force consisting of representatives from the pharmacy school, the pharmacy association, local practicing pharmacists, the Montana Medical Association, the Montana Foundation for Medical Care and selected consumer groups was invited to participate and direct the brochure's development. The Montana Extension Service and other consumer groups were approached to serve as distribution outlets.

With the input of twenty (20) interested individuals and agencies, the Montana Health Systems Agency staff prepared a generic drug pamphlet for distribution. The pamphlet has been printed and was distributed in late January.

# **NORTHWESTERN SUBAREA ADVISORY COUNCIL**

## **August 1979-August 1980**

### **1979-80 Projects —**

#### **A. Health Information Clearinghouse**

The Health Systems Agency was to develop updated resource directories for Mineral, Missoula and Ravalli counties and to investigate the feasibility of establishing a telephone information and referral system to assist consumers and providers in contacting available health service agencies in the three county service area.

As a result of this AIP project, resource directories have been compiled by Five Valleys Health Care, Inc. as one of it's HURA project objectives. Printing of these directories is scheduled for August, 1980.

The Health Information Clearinghouse is now operational as of May, 1980, with an inbound Watts line available for telephone information and referral. This also was accomplished by Five Valley Health Care with funding obtained as part of it's HURA grant, and additional funds obtained from the Northwest Area Foundation. This project also was selected by WICHE as one of the five sites selected for placement of an intern through Hearst Foundation funds. The Northwest Area grant was \$24,179.

#### **B. Family Practice Residency Program**

The Northwestern Subarea Advisory Council selected a family practice residency program for Missoula, Montana with approximately 12 residents in training at any one time.

A marketing strategy was developed by MHSA with technical assistance provided by Rubright, MacDonald and Company to implement the program. This program was approved and funded by the Old West Regional Commission in response to the MHSA grant application. The Missoula area, as of this date, has not participated in the program. The program will be administered through the WAMI program, Montana State University, Bozeman, and will be developed in various Montana settings. First year funding is \$170,560.

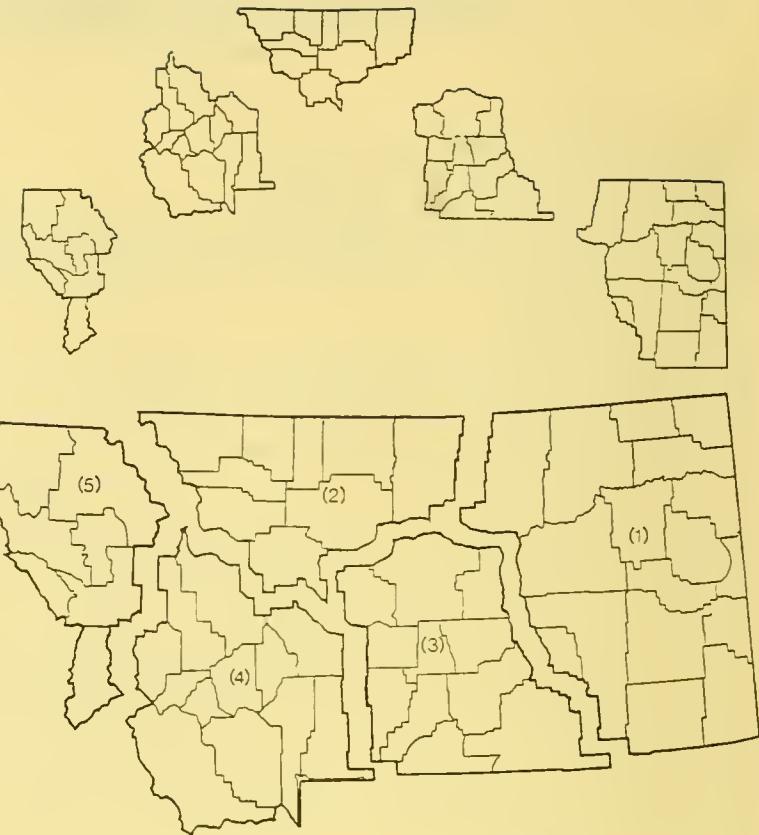
### **1980-81 Projects**

A. The first project selected for 1980-81 by the Northwestern Subarea Advisory Council was to "Initiate and develop a public education program to inform the public of the concept and need of the hospice development. The hospice of Missoula has been incorporated as a non-profit agency and is now in the final stage of a public information program. To date, enrollment of interested agencies and individuals is in progress with training programs being initiated for volunteer workers. Media information has been produced and distributed. Agency activity is being coordinated and a second distribution of brochures is now being planned for early September.

B. Occupational Alcoholism Counseling and Treatment Program was the second project selected by the Northwestern Subarea Advisory Council for 1980-81. This program featuring "early intervention" and treatment as well as recognition of persons still employed, but in need of alcohol services, is now in development. An organization — The Regional Chemical Dependency Program (RCDP) — has agreed to activate the program. The Montana Health Systems Agency provided technical assistance to the RCDP in preparing a grant application to provide original funding. This application is now being processed by the Department of Health and Human Services and, if approved, the enrollment of employers to sponsor the program will commence.

The Northwestern Subarea Advisory Council has performed nine Certificate of Need/New Institutional Health Services reviews. Five were full reviews and four were abbreviated. All abbreviated reviews were taken to the council for concurrence and information. Five Proposed Use of Federal Funds reviews were held, one of which was disapproved and later withdrawn after pre-review conferences were held with staff members and the applicants.

# Subarea Advisory Councils



(1) EASTERN (2) NORTH CENTRAL  
(3) SOUTH CENTRAL (4) SOUTHWESTERN  
(5) NORTHWESTERN

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A map of the state of Montana. The state is divided into several county boundaries. The county in the eastern part of the state, roughly corresponding to the Blackfoot River valley, is shaded in a darker gray. This shaded area represents the service region for the Custer County Rest Home.

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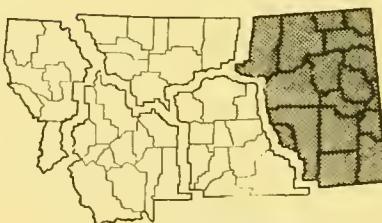
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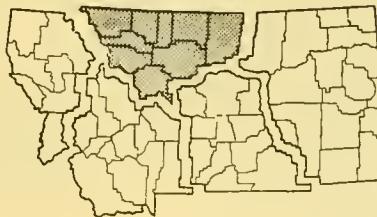
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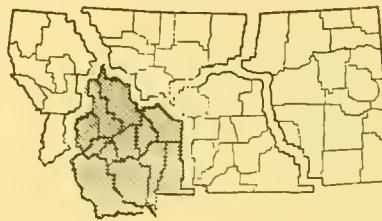
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## THE FINANCIAL REPORT

Financial reports are prepared monthly which reflect the Agency's budget pace, spending pace and any excess of budget pace over spending pace, or of spending pace over budget pace.

The system is a double entry bookkeeping system with a daily journal and a monthly ledger. A chart of accounts is utilized with separate accounts for each kind of income and expense incurred by the Montana Health Systems Agency.

Payroll is paid on a semi-monthly schedule with reports to Federal and State governments, the Unemployment Insurance Division and the Workmen's Compensation Division.

Quarterly reports are submitted to the Regional Office of the Department of Health, Education and Welfare.

The Agency has changed its fiscal year to a fiscal year ending on July 31, in order to conform to its federal grant year which also now ends on July 31. The effective date of this change is July 31, 1980.

Statement of Revenues and Expenditures—Federal and State Grants For the Fiscal Period August 23, 1978 through July 31, 1980 (Unaudited)

### REVENUE

Federal grant  
State grant

\$342,104  
50,000

### EXPENDITURES

Personnel	\$188,499
Payroll taxes	13,186
Employee benefits	21,585
Consultants	2,781
Supplies, printing, general	35,801
Travel	80,952
Rent-space and equipment	15,210
Telephone	7,652
Postage	6,671
Public Notices	8,323
Insurance	1,881
<b>TOTAL EXPENDITURES</b>	<b>\$382,541</b>

**TOTAL REVENUES**

**\$392,104**

Excess of Revenues over Expenditures	\$ 9,563
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### Statement of Financial Position July, 31, 1980

#### ASSETS

##### Current Assets

Checking accounts	\$16,742
Savings accounts	<u>84,295</u>
	\$10,1037

##### Other Assets

Furniture and equipment	<u>11,933</u>
	<u>11,933</u>

**TOTAL ASSETS**

**\$112,970**

#### LIABILITIES AND FUND BALANCES

##### Current Liabilities

Payroll deductions payable	3,304
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##### Fund Balances

General fund balance, 8-22-79	70,712
Add: interest income	<u>3,572</u>
Employees annual and sick leave benefits fund	9,419
Add: interest income	<u>592</u>
Furniture and equipment fund balance	11,933
Federal grant balances—prior fiscal years	2,475
Federal grant balance—current fiscal year	9,563
Unliquidated obligations—FYE 8-22-79	<u>1,400</u>

**TOTAL LIABILITIES AND FUND BALANCES**

**\$112,970**





